10/524995

PATENT APPLICATION FEE DETERMINATION RECORD
Substitute for Form PTO-875

Application or Docket Number

APPLICATION AS FILED – PART I

FOR	(Column 1) NUMBER FILED	(Column 2) NUMBER EXTRA	SMALL ENTITY RATE ($)	SMALL ENTITY FEE ($)	OR	OTHER THAN SMALL ENTITY RATE ($)	OTHER THAN SMALL ENTITY FEE ($)
BASIC FEE (37 CFR 1.16(a), (b), or (c))							300
SEARCH FEE (37 CFR 1.16(k), (i), or (m))							200
EXAMINATION FEE (37 CFR 1.16(o), (p), or (q))							400
TOTAL CLAIMS (37 CFR 1.16(i))	29 minus 20 =	*	X =		OR	X =	450
INDEPENDENT CLAIMS (37 CFR 1.16(h))	1 minus 3 =	*	X =			X =	
APPLICATION SIZE FEE (37 CFR 1.16(s))	If the specification and drawings exceed 100 sheets of paper, the application size fee due is $250 ($125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).						
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))							360
			TOTAL			TOTAL	

* If the difference in column 1 is less than zero, enter "0" in column 2.

APPLICATION AS AMENDED – PART II

Processed on 5/1/06

	4/17/06		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA	RATE ($)	ADDI-TIONAL FEE ($)	OR	RATE ($)	ADDI-TIONAL FEE ($)
AMENDMENT A	Total (37 CFR 1.16(i))	*	29	Minus	** 29	= 0	X =		OR	X 50 =	
	Independent (37 CFR 1.16(h))	*	1	Minus	*** 3	= 0	X =		OR	X 200 =	
	Application Size Fee (37 CFR 1.16(s))										
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))								OR	360	
							TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	

			(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA	RATE ($)	ADDI-TIONAL FEE ($)	OR	RATE ($)	ADDI-TIONAL FEE ($)
AMENDMENT B	Total (37 CFR 1.16(i))	*		Minus	**	=	X =		OR	X =	
	Independent (37 CFR 1.16(h))	*		Minus	***	=	X =		OR	X =	
	Application Size Fee (37 CFR 1.16(s))										
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))								OR		
							TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".
*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".
The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

PATENT APPLICATION FEE DETERMINATION RECORD
Effective December 8, 2004

Application or Docket Number

10/524995

CLAIMS AS FILED - PART I

	(Column 1)	(Column 2)	SMALL ENTITY TYPE ☐		OR	OTHER THAN SMALL ENTITY	
			RATE	FEE		RATE	FEE
U.S. NATIONAL STAGE FEES							
BASIC FEE	SMALL ENT. = $150	LARGE ENT. = $300	BASIC FEE		OR	BASIC FEE	300
EXAMINATION FEE	Satisfies PCT Article 33(1)-(4) = $50 / $100	All other situations = $100 / $200	EXAM. FEE			EXAM. FEE	200
SEARCH FEE	U.S. is ISA = $50 / $100 ALL other countries = $200 / $400	All other situations = $250 / $500	SEARCH FEE			SEARCH FEE	400
FEE FOR EXTRA SPEC. PGS.	minus 100 =	/ 50 =	X $125 =			X $250 =	
TOTAL CHARGEABLE CLAIMS	29 minus 20 =	9	X $25 =		OR	X $50 =	450
INDEPENDENT CLAIMS	1 minus 3 =	—	X $100 =		OR	X $200 =	—
MULTIPLE DEPENDENT CLAIM PRESENT		☐	+ $180 =		OR	+ $360 =	360
* If the difference in column 1 is less than zero, enter "0" in column 2			TOTAL		OR	TOTAL	1710

CLAIMS AS AMENDED - PART II

	(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA	SMALL ENTITY		OR	OTHER THAN SMALL ENTITY	
AMENDMENT A 2/18/05					RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
Total	* 29	Minus	** 29	= 0	X $25 =		OR	X $50 =	
Independent	* 1	Minus	*** 3	= 0	X $100 =		OR	X $200 =	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				☐	+ $180 =		OR	+ $360 =	
					TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

	(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA	RATE	ADDITIONAL FEE	OR	RATE	ADDITIONAL FEE
AMENDMENT B 9/27/05									
Total	* 29	Minus	** 29	= 0	X $25 =		OR	X $50 =	
Independent	* 1	Minus	*** 3	= 0	X $100 =		OR	X $200 =	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				☐	+ $180 =		OR	+ $360 =	
					TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than "20", enter "20".
*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than "3", enter "3".
The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.